


DOCKET NO. SC13151TP

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number: SC13151TP |
|---|--|--------------------------|
| In re Application of | Tori D. Van Gompel et al. | |
| Application Number | 10/737,115 | Filed December 18, 2003 |
| For | METHOD AND APPARATUS FOR ELIMINATION OF EXCESSIVE FIELD OXIDE RECESS FOR THIS Si SOI | |
| Group Art Unit | 2812 | Examiner Scott B. Geyer |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. | | |
| The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired): | | |
| <input checked="" type="checkbox"/> | One Month (37 CFR 1.17(a)(1)) | \$ 120.00 |
| <input type="checkbox"/> | Two Months (37 CFR 1.17(a)(2)) | \$ 450.00 |
| <input type="checkbox"/> | Three Months (37 CFR 1.17(a)(3)) | \$ 1020.00 |
| <input type="checkbox"/> | Four Months (37 CFR 1.17(a)(4)) | \$ 1590.00 |
| <input type="checkbox"/> | Five Months (37 CFR 1.17(a)(5)) | \$ 2160.00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____ | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 503078, Freescale Semiconductor, Inc. | | |
| <input checked="" type="checkbox"/> I have enclosed a duplicate copy of this sheet. | | |
| I am the: | | |
| <input type="checkbox"/> Applicant/Inventor | | |
| <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. | | |
| <input checked="" type="checkbox"/> Attorney or agent of record (Registration No.: 34,291) | | |
| <input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____ | | |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>4/6/05</u> Date </div> <div style="text-align: center;">  Signature Michael J. Belfiori-Lamica Type or printed name </div> </div> | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> form(s) are submitted | | |
| CERTIFICATE OF MAILING | | |
| I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>4-6-05</u> | | |
| Typed or printed name: <u>Pat Thomas</u> | | |
| Signature: <u>Pat Thomas</u> | | |

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